| Admini<br>TRAVE                                   | stration<br>L EXPE | IFORNIA<br>NSE CLA<br>V 9/2007) | IM           | onal           |  |                           |   |  |                                |                                    | Page (                                  | of Pages                           | <b>)</b>                               |                            |                               |  |
|---|--------------------|---------------------------------|--------------|----------------|--|---------------------------|---|--|--------------------------------|------------------------------------|---|------------------------------------|--|----------------------------|-------------------------------|--|
| CLAIMANT'S NAME                                   |                    |                                 |              |                |  |                           | SSAN OR EMPLOYEE NUMBER                       |  |                                |                                    |   | DEPARTMENT                         |  |                            |                               |  |
| Frank McCarton POSITION CB/ID NUMBER              |                    |                                 |              |                |  |                           | DIVISION OR BUREAU                            |  |                                |                                    |   | INDEX NUMBER                       |  |                            |                               |  |
| Undersecretary E99                                |                    |                                 |              |                |  |                           | Executive Office                              |  |                                |                                    |   | 2000 Executive Office              |  |                            |                               |  |
| RESIDENCE ADDRESS                                 |                    |                                 |              |                |  |                           | HEADQUARTERS ADDRESS<br>3650 Schriever Avenue |  |                                |                                    |   | TELEPHONE NUMBER<br>(916) 845-8530 |  |                            |                               |  |
| CITY STATE ZIP CODE                               |                    |                                 |              |                |  |                           | CITY STATE                                    |  |                                |                                    |   | ZIP CODE                           |  |                            |                               |  |
|   |                    |                                 |              | Mather CA      |  |                           |   |  | 95655 (3) MILAGE RATE CLAIMED: |                                    |   |                                    |  |                            |                               |  |
| 0800 - 17   | L WORK HOU         | RS:                             |              |                |  | (2) PI                    | RIVATE VEHIC                                  | CLE LICEN  | SE No.:                        |                                    | 0.50                                    | SE RATE G                          | LAIMED.                                |                            |                               |  |
| 4)  | (6)                |                                 |              | (8)            | MEALS                                  | MEALS                     |   | (10) TRAN SPORTA   |                                | A TION                             |   |                                    | 11)                                    | (12)                       |                               |  |
| MONTH 5/  | 2010               | LOCATION                        |              | LODGING        |  |                           | O.T.,L/T.<br>N/C. RELO.                       |  | (A)                            | (B)                                | (C)<br>CARFARE,                         | (D)                                |  | BUSINESS                   | TOTAL<br>EXPENSES             |  |
|   |                    |                                 |              |                | BREAK-                                 |                           |   | 1  | 1                              | 1                                  | 1                                       | PRIVATE CAR USE                    |  | EXPENSE                    |                               |  |
| (5)<br>DATE                                       | TIME               | WHERE EXP                       |              |                | FAST                                   | LUNCH                     | OR DINNER                                     | TALS   | TRANS.                         |                                    | TOLLS,<br>PARKING                       | MILES                              | AMOUNT                                 |                            | FOR DAY                       |  |
| 5/27  | 1400               | HQ to                           | Burbank      | 125.52         |  |                           | 18.00   |  |                                | SV<br>A                            | 10.00                                   | 1                                  |  |                            | 153.52                        |  |
| 5/28  |                    |                                 |              |                | 6.00                                   | 10.0                      | 0   |  |                                | _                                  | +                                       |                                    |  |                            | 16.00                         |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  |                            |                               |  |
| 5/29  | 1100               |                                 | Return       |                |  |                           |   |  |                                | A<br>SV                            |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  | ]D                         | , ŧ                           |  |
|   |                    |                                 |              |                |  |                           |   |  |                                | -                                  |   |                                    | + =                                    | 6                          |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  | 2                          | 1                             |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    | 5                                      | E                          | 3                             |  |
|   |                    |                                 |              |                |  |                           |   |  |                                | -                                  |   |                                    | 2                                      | Z.                         | 1                             |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  | 0                          |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    | 28                                     | 70<br>FT                   |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    | 20                                     | G S                        |                               |  |
|   |                    |                                 |              |                |  |                           | -   |  |                                |                                    | -                                       |                                    | Cut<br>Cut                             | 3                          | -                             |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  | D                          |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  | -                              | _                                  |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    | 10,00                                   | 27,4716                            |  |                            | 169.52                        |  |
| (13)  |                    | SUBTOTAL                        |              | 125.52         | 6.00                                   | 10.00                     | 18.00   |  |                                |                                    | 12.00                                   |                                    |  |                            | 171.52                        |  |
| ×.  |                    | CLAIM TOT                       | AL           |                |  |                           |   |  |                                |                                    |   |                                    | -                                      |                            | 11050                         |  |
|   |                    | REMARKS AND                     |              |                | EIP1S/VOUC                             | HERS WE                   | EN KEQUIKE                                    | U)   |                                |                                    |   |                                    |  |                            | 169.52                        |  |
|   | NCY ACCO           | eting with Gov                  | PCA          | PROJECT        |  | ОВЈ                       | AO AMOU                                       | NT OB.   | I AO                           | AMOUNT                             | OBJ AO                                  | MOUNT                              | OBJ AO                                 | AMOUNT                     | TOTAL                         |  |
| OFFICE USE ONLY PAID BY REV. FUND CHECK No. 99650 |                    |                                 | -            | PHASE          | 292                                    | 159.52                    | 2 293   |  | <del>12:00 -</del>             |                                    |   |                                    |  | 171.52                     |                               |  |
|   |                    |                                 |              |                |  |                           |   |  | 10.00                          |                                    |   |                                    | -                                      | 101,02                     |                               |  |
|   |                    |                                 | -            |                |  |                           |   |  |                                |                                    |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                |                                    |   |                                    |  |                            | -                             |  |
|   |                    |                                 | -            | +              | _                                      | +                         |   |  |                                |                                    |   |                                    |  |                            |                               |  |
|   |                    |                                 |              |                |  |                           |   |  |                                | 06.01                              |   |                                    | _                                      |                            | 169.50                        |  |
| TO  |                    |                                 |              |                |  | $\dashv$                  | 159.52  |  |                                | 12.00-                             |   |                                    |  |                            | 17-1-52                       |  |
| (15) 1 HER<br>and if milage<br>0751, 0752,        | EBY CERTIFY        | That the above                  | is a true st | atement of the | travel expensions operating the usage. | se as incur<br>vehicle wa | ed by me in ac<br>as equal to or o            | ccordance of the cordance of t | with DPA r                     | rules in the ser<br>claimed, and t | rvice of the State<br>hat I have met th | of Californ<br>e requireme         | ia. If a privately<br>ents as prescrib | owned vehic<br>ed by SAM S | le was used,<br>ections 0750, |  |
| CLAIMAN   | ***                |                                 |              |                | ry. 1 -                                | 2010                      | 10.7.   | TIME OF  | OFFICER                        | APPROVING                          | TRAVEL AND P                            | AYMENT                             |  | ATE/7G                     | 110                           |  |
|   | t                  |                                 |              |                |  | 20,0                      | 112   |  | _                              |                                    |   |                                    | - In                                   | PATE CA                    | 10                            |  |
| (17) SPEC   | IAL ENSE           | S <b>SIGNAT</b> URE             | ANDITITLE    | (See Itme 17   | on reverse                             |                           |   |  |                                |                                    |   |                                    |  | 2 (14 (27)                 |                               |  |
| Res   | riewed by I        | Meena Kum                       | ar on 06     | /29/2010       |  |                           |   |  |                                |                                    |   |                                    |  |                            |                               |  |